

Name in Full

Certificate of Death

Rachel. Anderson

Town

County

Died at

Germantown

Kent.

MARYLAND

Date 1903 Month Jan. Day 13. Y. M. D. Native of Md. Occupation none.
 Male White Married 17.5. Widower Divorced
 Female Colored Single Widower Number of children living

 Husband
 of

none

Wife

27

Father's

Name

Jesse H. Anderson

Mother's

Name

Sarah M. Anderson

Cause of

Primary

Consumption - lungs

How long sick

4 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

E. W. Skelton and M. D.

Address

Chesapeake - Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70700



Name in Full

Certificate of Death

Caroline

Bennett

Town

County

MARYLAND

Died at

Evesville

Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan

28

Age

58

Mary

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

2

Husband

or

Wife

Simuel Bennett

Father's

Mother's

Name

Maiden Name

Thomas Gosham

Annie Eagal

Cause of

Primary

How long sick

59 months

Death

Immediate

179
Known Doctor Attending~~Accident, Suicide, Homicide~~

Reported by

Thos H Casey Undertaker

Address

Buck Hall

Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Name In Full

Certificate of Death

Floyd Blake
 Town County

Died at

MARYLAND

Salena Kent
 Month Day Y. M. D. Native of Occupation

Date 19 *13* *January* 1 Age *29* *husband* *housewife*
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living *3*

Husband

Wife

Father's

Name *Samuel Riley* Maiden Name *Georgeanna Dudley*

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

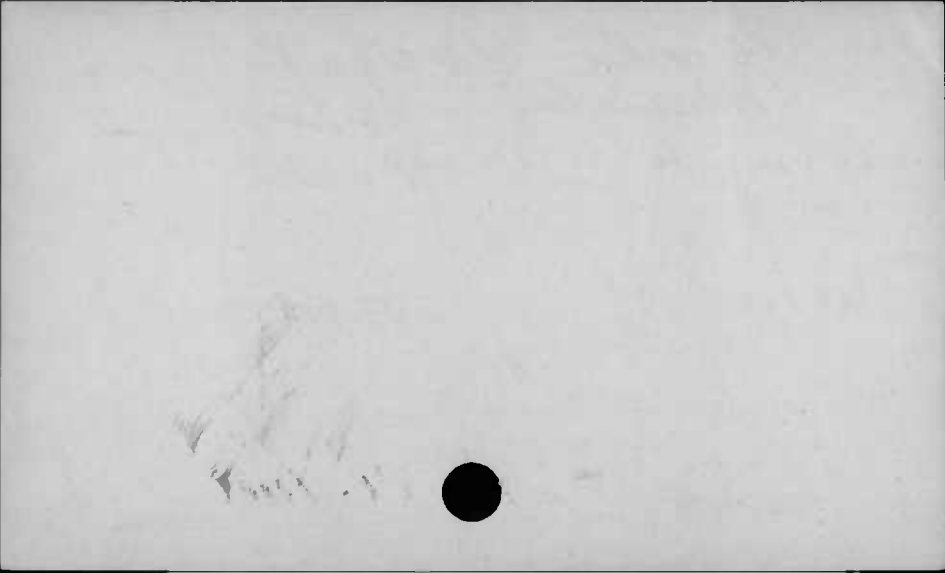
John B. Adams 94
Adams
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898



*Not name*Died at *Galena* ^{Town} *Kent* ^{County} *State* MARYLANDDate 19*03* ^{Month} *1* ^{Day} *6* Age *—* ^{Y.} ^{M.} ^{D.} Native of *Ind* Occupation *—*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *3*Husband of *George Burks*
Wife *George Burks*
Father's Name *George Burks* Mother's Maiden Name *Sallie Collins*Cause of Death { Primary *Still Born* & How long sick *—*
Immediate *Still Born* & Accident, Suicide, HomicideReported by *Annie Corsey*
Address *Galena Kent Co Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Pearle Cooper

Town Millington County

MARYLAND

Died at

Month Day Y. M. D. Native of

~~Occupation~~

Date 19

03 Jan 10

Age

16 months old

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

~~Wife~~

Father's

Name

P. Cooper

Mother's

Maiden Name

Estannah Cooper

Cause of

Primary

Sunk Krum

How long sick

Death

Immediate

Bronchitis

90

~~Accident, Suicide, Homicide~~

Reported by

J. C. Hachatt

Address

Millington

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Wm. H. Drummond.

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan

Age

35 X X

Maryland

Laborer.

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living /

Husband

of Alexander Drummond

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

Tuberculosis

27

How long sick

2 wks.

Death

Accident, Suicide, Homicide

Reported by

W. M. Jeter M.D.

Address

Sassafras

Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Jacharrah G. Dunn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
June		26	5	4			
Sex	Male	Color or Race	Colored	Birth-place	Kent Co		
Married, Single or Widowed	Married		Occupation	Aunt about house			
Name of Wife or Husband	Sarah M Dunn						
Father's Name	Perry Dunn				Father's Birthplace	Kent Co	
Mother's Maiden Name	Don't know				Mother's Birthplace	" "	
Name of person giving In formation	Lorenza Dunn				How related to deceased	Brother.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes	50	How long	1 year
Immediate	"		How long	1 year
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	H. Benji Simmons
			Address	Chestertown Md
Accident or Suicide?	no			



Name in Full

Certificate of Death

Dr John C Lockett

Town

County

Died at

1903

Date

Male

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Widower

Number of children living

MARYLAND

of

Name

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name
in
Full

John B. Harris.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morrice.</i>		Town		County <i>West</i>		MARYLAND	
Date of death 190 <i>12</i>	Month <i>Jan</i>	Day <i>16</i>	Age <i>75</i>	Years	Months <i>6</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Del.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer.</i>					
Name of Wife or Husband <i>Lysia Leman</i>							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Lysia Leman</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Diarrhoea</i>	How long <i>20 yrs</i>
Immediate <i>General Debility</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Norton</i>
	Address <i>Hamersville, Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

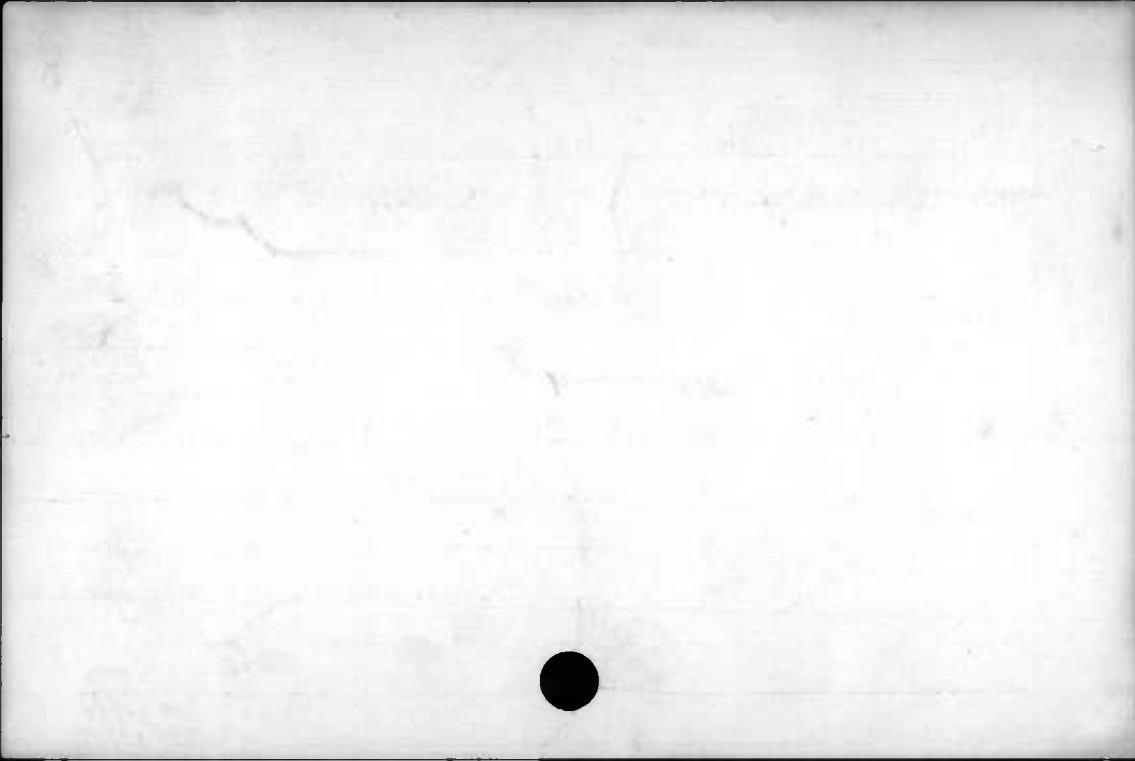
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cheslerstown</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 1903	<i>Jan</i> ^{Month}	<i>31</i> ^{Day}	Age <i>6</i> ^{Years}	<i>mi</i> ^{Months}	<i></i> ^{Days}
Sex <i>male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Cheslerstown</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>Allice Heath</i>					
Father's Name <i>Thomas Heath</i>			Father's Birthplace <i>Cheslerstown Md</i>		
Mother's Maiden Name <i>Allice Cornum</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary <i>Suppuration of Lungs</i>	<i>26.</i>	How long <i>26.</i>
Immediate <i>Suppuration of Lungs</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W. R. Henshaw M.D.</i>
		Address <i>Still Pond Md.</i>
Accident or Suicide?		



Name In Full

Certificate of Death

Lundy Hughes

Died at

MARYLAND

Town
ChestertownCounty
Kent

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan

5

Age

41

Kent

domestic

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

1

Husband of

Wife

Abraham Woodland

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Mutual resuscitation

How long sick

4 weeks

Death

Immediate

drop day 79

~~Accident, Suicide, Homicide~~

Reported by

H. G. Simpkins, M. D.

Address

Chestertown Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mrs. Theope Anna Jerome

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

Jan. 13

Y.

M.

D.

Age

77

Native of

Kent Co

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 3 boys

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Primary

Immediate

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

John N. Dodd, Undertaker
Chester town

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73000



Name
in
Full

Katharine D. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chester</i> Town		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>7</i>	Years <i>59</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent co</i>		
Married, Single or Widowed <i>Widow</i>			Occupation		
Name of Wife or Husband <i>C. D. Johnson</i>					
Father's Name <i>Levin Ruggard</i>			Father's Birthplace <i>Kent co</i>		
Mother's Maiden Name <i>Ann Conickman</i>			Mother's Birthplace <i>Kent co</i>		
Name of person giving Information <i>M. J. K. Alden</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>3 hours</i>
Immediate <i>by</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>J.</i>	Signature of Physician <i>C. W. Whelan</i>
	Address <i>Chester</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Benjamin Krusen		Town		County		MARYLAND	
Died at Still Pond		Kent					
Date of death 1903	Jan	Month	Day 10	Years 27	Age	Months 3	Days
Sex Male	Color or Race White	Birth-place Md					
Married, Single or Widowed single	Occupation Undertaker						
Name of Wife or Husband							
Father's Name G B Krusen		Father's Birthplace Penma					
Mother's Maiden Name Mary E. Krusen		Mother's Birthplace Md					
Name of person giving information J W H Krusen		How related to deceased Bro					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis.	How long 8 months.
Immediate Heart failure.	How long
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician Wm S. Maxwell.
	Address Still Pond Md.
Accident or Suicide?	



Name in Full

Certificate of Death

Un named
 Died at *Charlestown* Town *Stear* County MARYLAND

Date 1903 1 28 Month Day Y. M. D. Age Native of Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Sing~~~~Widower~~~~Number of children living~~

Husband of
 Wife

Father's Name *J. S. Lucas*

Mother's Maiden Name *May Hullock*

Cause of Death { Primery Immediate *Still Born* How long sick 0 Accident, Suicide, Homicide

Reported by

H. Frank Harris
MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret Elizabeth Mc Clouskey

Town

County

MARYLAND

Died at

Rock Hall

Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan 4

Age

68-7 18

Ireland

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

7

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Pneumonitis

Death

Immediate

Asthma

93

Accident, Suicide, Homicide

Reported by

I. B. Wilson

Address

Edersville

Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Died at

Date 19

Male

Female

Husband

Wife

Father's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Thomas Mabez
 Town Millington County Kent MARYLAND
 Died at
 Date 1902 1 5 Age 24
 Male ~~White~~ Married ~~Widow~~ Native of Md Occupation
 Female ~~Colored~~ ~~Widow~~ Number of children living
 Husband ~~Wife~~
 Father's Name John Mabez Mother's Maiden Name M. Dixon
 Cause of Death Primary Typho Pneumonia How long sick 10 days
 Immediate 93 Accident, Suicide, Homicide
 Reported by Dr 224 Jackson
 Address Millington Md
 1



Name in Full

Certificate of Death

Poor

MARYLAND

Died at

not any
Salmon

Month

Day

County

Kent

Y.

M.

D.

Native of

Occupation

Date 1933

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Robert Lee

Alberta Bridgely

Cause of

Primary

Stillborn

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

John S. Adams undertaker

Address

Salmon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edgar Price

Town

County

MARYLAND

Died at

Month

Day

about Y.

M.

D.

Native of

Occupation

Date 1903

1

11

Age

about 66

Md

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

7

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Percy Alouzo Rawleigh

Died at Town ChestertownCounty Kent

MARYLAND

Date 1903 Jan 1 Month Jan Day 1 Age - - 1 Y. M. D. Native of Kent Co Occupation _____

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~Husband of _____
WifeFather's Name Percy A Rawleigh Mother's Maiden Name Ann R. GardnerCause of Death Primary Insanitation How long sick 1 dayDeath Immediate 151 ~~Accident, Suicide, Homicide~~Reported by H. G. Sumpster, M. D.
Address Chestertown Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Julia A. Raymond

Town

County

MARYLAND

Died at

Rock Hall

Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Jan 27

Age

57.1.8

Housewife

Female

White

Married

Widow

Divorced

~~Colored~~~~Single~~~~Widower~~

Number of children living

None

Husband

of

Moses B. Raymond

Wife

Father's

Name

John G. W. Hoggis

Mother's

Maiden Name

Elizabeth P. Weeks

Cause of

Primary

Gun - Dropping

How long sick

Death

Immediate

Uremia

Accident, Suicide, Homicide

Reported by

V. B. Wilson

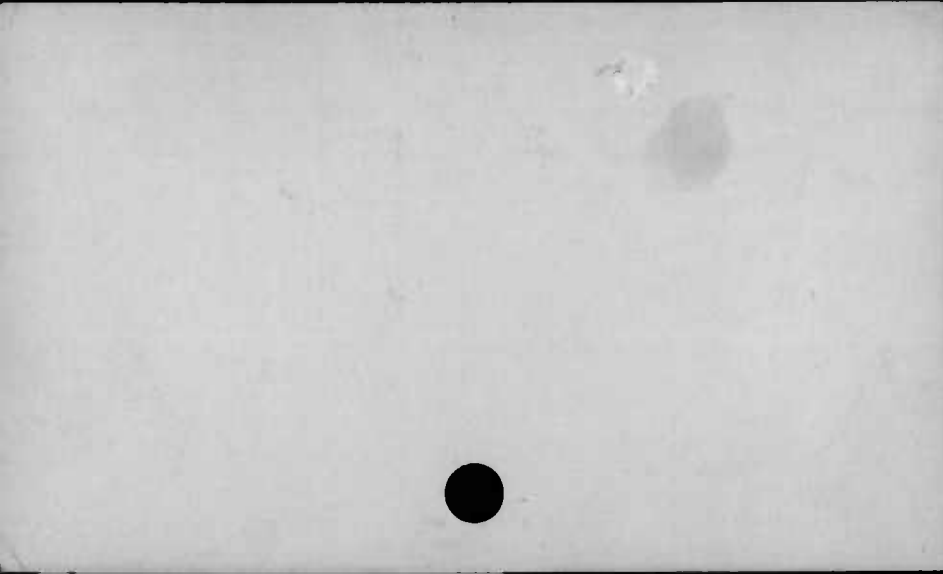
120

Address

Edenwille

Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *still Pond* TownCounty *Kent Co*Date
of death 1903

Month

Jan

Day

18

Years

Age *64*

Months

Days

Sex

*Male*Color or
Race*White*Birth
place*Cecil Co Md*Married, Single
or Widowed*Married*

Occupation

*Carpenter*Name of Wife or
Husband*Annie McCafferty*Father's
Name*John Schofield*Father's
Birthplace*unknown*Mother's
Maiden Name*Susan Schofield*Mother's
Birthplace*Unknown*Name of person giving
information*Kessie Woodall*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

Hepatitis & Bright's disease

How long

3 weeks

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Wm S. Maxwell*

Address

*still Pond,
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
①



Carrie Louisa

Town

County

Died at

Paris Hill

Kent

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1913

Jan

6

Age

15

Tennessee

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Robert Louisa

Mother's

Maiden Name

Susie Frankner

Cause of

Primary

Influenza

How long sick

4 days

Death

Immediate

101

Accident, Suicide, Homicide

Reported by

Edward A. Scott, M.D.

Address

Galena,

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Louisa C Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lynch</i>		Town		<i>Kent</i>		County		MARYLAND	
Date of death 1903		Month <i>Jan</i>		Day <i>14</i>		Age <i>73</i>		Years Months Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>					
Married; Single or Widowed <i>Widow</i>				Occupation					
Name of Wife's Husband <i>Thomas Wilmer</i>									
Father's Name <i>James Pearce</i>				Father's Birthplace					
Mother's Maiden Name <i>Don't Know</i>				Mother's Birthplace					
Name of person giving information <i>Mrs Melvin</i>				How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility.</i>		How long	
Immediate <i>Heart failure.</i>		<i>154</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>Mrs. S. Maxwell,</i>	
		<i>Still Pond, Md.</i>	
Accident or Suicide?			

1



Hylie Waters

Died ~~new~~

Town

Salena

County

Kent

MARYLAND

Date 1903 Jan. 3 Age 16 10 28 Native of Kent les. Occupation Laborer

Male White Married Widow ~~Divorced~~

~~Female~~ Colored Single Widower Number of children living

Husband of

~~Wife~~

Father's

Name

Robert Waters

Mother's

Maiden Name

Fannie Waters

Cause of

Primary

Diphtheria

How long sick

one week

Death

Immediate

Accident, Suicide, Homicide

Reported by

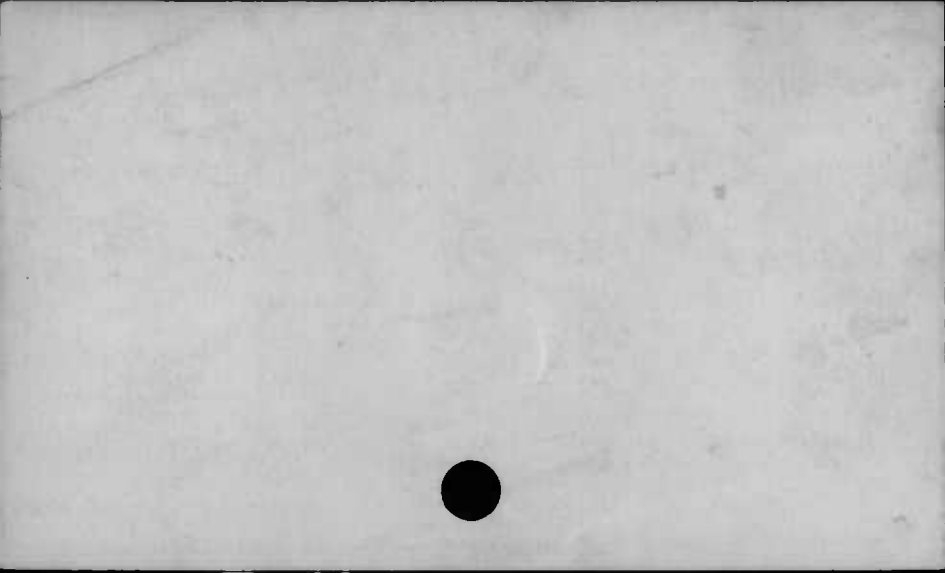
Edward A. Scott, M.D.

Address

Salena

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

03

Month

Day

Age

41-8-1

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Consumption

Cholera

How long sick

2 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mrs

Wood

Town

County

MARYLAND

Died at

Massachusetts

Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

1

3

Age

76

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Maiden Name

Cause of

Primary

General debility

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Dr. W. H. Jacobs

Address

Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

